



Montgomery County Department of Housing and Community Affairs  
 Division of Consumer Affairs • Licensing and Registration Unit 100  
 Maryland Avenue, Rockville, Maryland 20850 • 240 -777-3799  
 FAX 240-777-3699 • TTD 240-777-3679 • [www.montgomerycountymd.gov/dhca](http://www.montgomerycountymd.gov/dhca)

# Common Ownership Community Registration

**Effective January 1, 1991, all condominium, cooperative and homeowner associations MUST register\* with the Commission on Common Ownership Communities through Montgomery County Department of Housing and Community Affairs.**

## **REGISTRATION FEE SCHEDULE** *(Total Payment Due MUST Accompany Registration Application)*

Please note that Registration Fees should be paid for each Fiscal Year based on the number of units built and sold by the end of the Fiscal Year. When construction is ongoing or property is being converted from Multi-Family rental, current Fiscal Year Registration Fees should be based upon the best possible estimate.

The Registration year is **7/01 through 7/30** & fees cannot be prorated. Please calculate the total amount due as follows:

Fiscal Year		Number of Units		Per Unit Fee		Fiscal Year Total Due
1991	1/1/91-6/30/91		X	\$1.00	=	
1992	7/1/91-6/30/92		X	\$2.00	=	
1993	7/1/92-6/30/93		X	\$1.50	=	
1994	7/1/93-6/30/94		X	\$1.50	=	
1995	7/1/94-6/30/95		X	\$1.50	=	
1996	7/1/95-6/30/96		X	\$1.50	=	
1997	7/1/96-6/30/97		X	\$1.50	=	
1998	7/1/97-6/30/98		X	\$1.50	=	
1999	7/1/98-6/30/99		X	\$1.50	=	
2000	7/1/99-6/30/00		X	\$1.50	=	
2001	7/1/00-6/30/01		X	\$1.50	=	
2002	7/1/01-6/30/02		X	\$1.50	=	
2003	7/1/02-6/30/03		X	\$2.25	=	
2004	7/1/03-6/30/04		X	\$2.25	=	
2005	7/1/04-6/30/05		X	\$2.25	=	
<b>TOTAL AMOUNT DUE</b>						

**Payment by \*check or money order made payable to Montgomery County, MD MUST Accompany Application!**

\* Montgomery County Government now uses the services of CheckAgain- Enhanced Check Management Services. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666 -5222 ext. 2 to arrange payment for any outstanding checks and service fees due. [www.checkagain.com](http://www.checkagain.com)

Note: Registration requirements as outlined in Chapter 10B of the Montgomery County Code do not apply to properties within the incorporated Municipalities of Chevy Chase Village, Town of Chevy Chase, City of Gaithersburg, Town of Garrett Park, Town of Kensington, Town of Laytonsville, Town of Poolesville, City of Rockville, Town of Somerset and Town of Washington Grove. You may wish to contact the local municipalities for further information on requirements.



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## Common Ownership Community REGISTRATION APPLICATION

- ☐ Please print clearly or type. Answer all applicable questions.
- ☐ Completed application MUST be signed by the board president.
- ☐ Governing documents and complete list of street addresses MUST accompany application.
- ☐ Payment by check or money order MUST accompany application. Make checks payable to MONTGOMERY COUNTY, MARYLAND.
- ☐ Mail completed application with payment to:

Licensing and Registration Unit  
DHCA, Division of Consumer Affairs  
100 Maryland Avenue, Room 330  
Rockville, Maryland 20850

### OFFICE USE ONLY

REGISTRATION# \_\_\_\_\_

Date Recorded \_\_\_\_\_

By \_\_\_\_\_

Deposit \_\_\_\_\_

### COMMUNITY INFORMATION

Name of Community Being Registered \_\_\_\_\_

City \_\_\_\_\_ State MARYLAND Zip \_\_\_\_\_

On-Site Phone Number (if applicable) \_\_\_\_\_

Date Built: \_\_\_\_\_  
Construction Began \_\_\_\_\_ Construction Completed \_\_\_\_\_

Is the Community Part of an Umbrella Organization?

☐ Yes ☐ No

### UMBRELLA INFORMATION (if applicable)

Name Of Umbrella Group (if applicable) \_\_\_\_\_

Umbrella Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Fax# \_\_\_\_\_

Email Address \_\_\_\_\_

## CONTACT INFORMATION

Please provide contact information in the appropriate section.  
Changes in contact information **MUST** be reported to the Department within **10 days** of the change.

### Governing Body

<b>Board President's Name</b>	<b>Other Board Member's Name</b>
President's Home Street Address	Other Board Member's Home Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Fax# Email Address	Fax# Email Address

Who should we contact for business purposes, such as annual registration renewal?

☐ Board President as listed. ☐ Administrative Agent as listed below

### ADMINISTRATIVE AGENT

<b>Agent's Name</b>	Agent's Street Address
Agent's Company Name (if applicable)	City State Zip
Daytime Phone Evening Phone	Fax# Email Address

Who is responsible for the day-to-day management of the community?

☐ President as listed. ☐ Administrative Agent listed above. ☐ Other firm or individual listed below.

### MANAGING AGENT

<b>Management Representative's Name</b>	Management's Street Address
Management Company Name (if applicable)	City State Zip
Daytime Phone Evening Phone	Fax# Email Address

## BREAKDOWN BY STRUCTURE TYPE (please complete all applicable sections)

**Total Number of Units Within  
Community Being Registered**

**Complete List of street addresses MUST be  
provided for all units (including apartment number if  
applicable), along with structure type**

Total # of **SINGLE FAMILY** Units

Single Family addresses listed below  
(attach additional pages as needed)

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Total # of **SEMI-DETACHED** Units  
(side-by-side or back-to-back duplex units)

Semi-Detached addresses listed below  
(attach additional pages as needed)

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Total # of **TOWNHOUSE** Units  
(no other living units above or below)

Townhouse addresses listed below  
(attach additional pages as needed)

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Total # of **BACK-TO-BACK** Units  
(back-to-back w/**no** other units above or below)

Back-to-back addresses listed below  
(attach additional pages as needed)

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Total # of **QUADRAPLEX** Units  
(nothing above or below)

Quadrplex addresses listed below  
(attach additional pages as needed)

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## BREAKDOWN BY STRUCTURE TYPE (continued)

### Total # of **STACKED PIGGYBACK** Units

(townhomes **with** other units above or below)

Stacked Piggyback addresses listed below  
(attach additional pages as needed)

### Total # of **GARDEN APARTMENTS**

(1-4 stories)

Garden Apartment addresses listed below  
(attach additional pages as needed)

### Total # of **MID-RISE APARTMENTS**

(5-8 stories)

Mid-Rise Apt. addresses listed below  
(attach additional pages as needed)

### Total # of **HIGH-RISE APARTMENTS**

(9+ stories)

High-Rise Apt. addresses listed below  
(attach additional pages as needed)

## BOARD PRESIDENT'S SIGNATURE *(Agent signature not acceptable)*

☐ I have attached a complete and current copy of the community's recorded governing documents.

*I affirm under penalty of perjury that the information provided is true to the best of my knowledge and belief. I also understand that if there are any changes in information, the community must notify the Department within 10 days of the change.*

**X**

Board President's Signature

Date

Print or Type Name of Person Signing

### Has the Board President:

- ☐ Signed the Application?
- ☐ Attached a complete and current copy of recorded governing documents?
- ☐ Attached a complete list of units with building street address and unit number?
- ☐ Enclosed Payment by check or money order?
- ☐ Made check or money order payable to Montgomery County, Maryland?